

Reviewed April 10, 2020

PPE Use: General Guidelines for Use of Face Masks

Due to increased community transmission of COVID-19 in many parts of the country from wide community spread, there is growing evidence of transmission risk from infected persons without symptoms or before the onset of recognized symptoms. Therefore, it is recommended that DMHAS staff wear a mask while at work to protect patients and their colleagues. *However, due to national shortage of PPEs, surgical masks (and N95 as appropriate) should be prioritized for staff working in patient care areas.*

All staff will wear facemasks when in any patient care area. According to the CDC, all healthcare personnel should leave the patient care area if they need to remove the facemask. Patient care area is defined as areas where staff interact closely with and/or provide treatment for persons identified as patients

In non-patient care areas, staff that are unable to socially distance should wear a facemask.

Facemasks must be worn in combination with good hand hygiene and social distance.

If a facemask is damaged, wet or soiled or hard to breathe through before the end of the assigned time period, it should be exchanged.

Staff must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.

When interacting *directly* with a patient with suspected or confirmed COVID-19, masks (N95 or surgical if not available), gloves, gown, and eye protection (face shields/goggles) are required.

All clinicians and staff performing high risk aerosol generating procedures such as nebulizer treatment, placing patient on CPAP or performing cardiopulmonary resuscitation (CPR) should wear an N95 mask (or surgical masks if not available), eye protection (face shield/goggles), gloves and gown regardless of patients' COVID-19 status. The number of staff involved in such these procedures should be kept to a minimum to prevent potential exposures and to conserve PPE.

Housekeeping staff cleaning and disinfecting room or area previously occupied by an individual with suspected or confirmed COVID-19 should wear a facemask (N95 or surgical mask if not available), gown, gloves and eye protection (face shields/goggles).

Homemade Facemasks

**** According to CDC: In settings where facemasks are not available, Healthcare Providers (HCP) might use homemade masks (e.g., bandana, scarf, cloth) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face when used in the care of COVID-19 patients.***

Guidelines:

- Staff will use approved facemasks (N95 or surgical as appropriate and available) when in patient care areas
- When there is shortage of surgical masks, homemade masks could be used in patient care areas to be placed on top of N95 (or the scarce surgical) masks to protect them and to extend their period of usefulness
- Staff in non-patient care areas working in close proximity with other staff should wear surgical masks. Homemade masks may be worn if surgical masks are not available, and should be combined with as much social distancing as possible, along with frequent hand hygiene
- Staff in non-patient care areas working mostly at a distance with other staff (6 ft or greater) may wear cloth masks. However, cloth masks may be appropriate during brief exposures to other staff at distances less than 6 ft.
- Staff working in the community may wear homemade masks. However, if the work includes close contact with patients or staff, they should wear approved facemasks
- Staff should always observe social distance and hand hygiene as appropriate.